ARIZONA STATE BOARD OF HEALTH BURBAU OF VITAL STATISTICS

Registered No....

15 ts

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PLACE OF BIRTH STANDARD CERTIF	MICATE OF BIRTH
County	State API volide
District or Township Off PONCHARITONS	Ban Carlos.
City (if sinh beautiful)	nospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed.
2. Full name of child.	6. Legitimate? 7. Date
in event of plural	or parm - 1925 193 1931
conto	MOTHER
* FATHER	Full malden name
Full Name	A Committee of the State of the
9. Residence Akin Caplon, Arizona, (Usual place of abode)	15. Residence Son Carlon, Arlewing. (Usual place of Bode)
	If non-resident, give place and state.
If non-resident, give place and state.	14 Color of race
10. Color or race 1. Age at last birthday	4/4 Appends 17. Age at last birthday (Years)
Indian	Indian
12. Birthplace (city or place) Gun Carlott, Ard South	18. Birthplace (city or place) San Unilon, Arizona.
(State or country)	19. Occupation Polisonics.
13. Occupation LAINFOP .	}
Name of Industry	Nature of Industry.
20. Number of children of this mother	
(Taken as of time of birth of child herein (c) Stillborn certified and including this child.)	NO BEVEIOLAN OR MIDWIFE
(Taken as of time of birth of chird nerein) (c) Stillborn certified and including this child.) CERTIFICATE OF ATTENDITY of the child, who was the child, who was the child, who was the child of the child.	Moh me stillborn) at mon the date above stated.
when there is a like in the father, householder, etc., or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	(Physician or midwite)
Month, day, year	Can Carlos Arleans
Bugistrar. Filed 3/3	Registrar.